



## HANDICAPPED & ELDERLY SERVICE INFORMATION SHEET

OFFICE OF THE CITY CLERK LICENSE DIVISION  
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202  
(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

### **LICENSE PERIOD:**

Biennial; Expires on April 30 of odd-numbered years.

### **APPLICATION:**

Apply at City Clerk License Division, City Hall, Room 105, 200 E. Wells Street, Milwaukee, WI 53202, telephone (414) 286-2238.

### **FEE:**

The \$150 license fee **must be submitted with application.** Checks made payable to: City of Milwaukee.

### **SIGNATURES:**

Notarized signatures of the individual, all partners, the agent, president, and secretary of the corporation, or the agent and all members of a LLC are required.

### **REQUIREMENTS:**

The applicant shall file, with the application the attached, "Letter of Intent", outlining his or her intentions of purchasing a proper vehicle to be used for this service, and the proper amounts of liability insurance, satisfying all the requirements of Chapter 100 of the Milwaukee Code of Ordinances.

All drivers of these vehicles are required to obtain a Public Passenger Vehicle Driver's license. Applications for this license can be obtained from our office.

### **FINGERPRINTS:**

All applicants (including partners, all corporate officers, members, agent, directors, and stockholders owning 20% or more of the stock of the corporation) whose fingerprints are not on file with the Milwaukee Police Department must be fingerprinted. Report to the Police Administration Building, 951 N. James Lovell St. (7<sup>th</sup> St), Room 305 to be fingerprinted. If you are an out of town resident, call (414) 935-7281 to receive information regarding how to comply with the fingerprint requirement.

### **GRANTING OF LICENSES:**

Licenses are granted by the Common Council on recommendation of the Public Safety Committee. Please allow 5-6 weeks for processing.

Regulations relating to HANDICAPPED & ELDERLY SERVICE are provided in ch. 100 of the Milwaukee Code of Ordinances and are available online at <http://www.milwaukee.gov/ordinances> or can be purchased from the Legislative Reference Bureau in City Hall, Room B-11.

**CITY OF MILWAUKEE**  
**PUBLIC PASSENGER VEHICLE PERMIT**  
**APPLICATION FOR HANDICAPPED AND ELDERLY SERVICE**

ccl-199kk (10/05)

- (x) Check one:      ( ) Individual (Fill Out Sections 1,2,5,9 & 10)  
                              ( ) Partnership (Fill Out Sections 2,3,5,9 & 10)  
                              ( ) Corp or LLC (Fill Out Sections 1,2,4,5,9 & 10)

**1. NAME OF INDIVIDUAL** \_\_\_\_\_  
(IF CORPORATION OR LIMITED LIABILITY COMPANY, FILL OUT FOR AGENT)

Home Address \_\_\_\_\_  
(INCLUDE CITY, STATE & ZIP)

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**2. BUSINESS NAME** \_\_\_\_\_ Phone Number \_\_\_\_\_

Business Address \_\_\_\_\_  
(INCLUDE CITY, STATE & ZIP)

HAS ANYONE NAMED ON THIS APPLICATION BEEN CONVICTED OF VIOLATING ANY  
FEDERAL LAWS, STATE OR LOCAL ORDINANCES? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, NAME OF PERSON(S), DATE, CHARGE AND PENALTY:

\_\_\_\_\_  
\_\_\_\_\_

**3. PARTNERSHIP**

Name      Home address (include City,State&Zip)      Area Code/Phone No.      Date of Birth

\_\_\_\_\_  
\_\_\_\_\_

**4. NAME OF CORP OR LLC** \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE & PLACE OF INCORPORATION \_\_\_\_\_

Name      Home Address(include City,State&Zip)      Area Code/Phone No.      Date of Birth

President/Member \_\_\_\_\_

Vice President/Member \_\_\_\_\_

Secretary/Member \_\_\_\_\_

Treasurer/Member \_\_\_\_\_

**(OVER)**

**5. OTHER REQUIREMENTS:**

LOCATION WHERE VEHICLES ARE STORED \_\_\_\_\_

HOW MANY VEHICLES WILL BE USED IN THIS BUSINESS? \_\_\_\_\_

**FILL OUT SEPARATE APPLICATION FOR EACH VEHICLE**

**6. DESCRIPTION OF VEHICLE:**

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ NUMBER OF PASSENGERS \_\_\_\_\_  
VEHICLE ID NUMBER \_\_\_\_\_ LICENSE PLATE NUMBER \_\_\_\_\_

7. The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide the services offered under this license, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.
8. The undersigned understands that this application does not entitle the applicants to a license and that the granting of licenses is solely in the discretion of the Common Council.

**9. RATE OF FARES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. I have knowledge of the City Ordinances currently regulating the license applied for herein; understand that the permit may be subject to suspension, non-renewal or revocation if I violate any rule or regulation relating to public passenger vehicles; and, being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.

**SUBSCRIBED AND SWORN TO BEFORE ME THIS**

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Individual/ Partner/ Agent of Corp. or LLC

\_\_\_\_\_  
Notary Public, State of Wisconsin

\_\_\_\_\_  
President of Corp./Member of LLC/ Partner

My commission expires \_\_\_\_\_

\_\_\_\_\_  
(Secretary of Corp./Addl Members/ Partners)

**DO NOT WRITE BELOW THIS LINE**

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Clerk \_\_\_\_\_ Transaction # \_\_\_\_\_ Date Filed \_\_\_\_\_ Permit # \_\_\_\_\_

Grant Date \_\_\_\_\_ Issue Date \_\_\_\_\_